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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 455.00

### Complete if Known

Application Number	10/609,137
Filing Date	June 26, 2003
First Named Inventor	Soheil Shams
Examiner Name	Brusca, John S.
Art Unit	1631
Attorney Docket No.	SSI001

### METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
0 - 20 or HP = 0 x 0 = 00		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
0 - 3 or HP = 0 x 0 = 0		
HP = highest number of independent claims paid for, if greater than 3.		

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_ Fee Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE + 1 Month Extension of Time Fee

Fees Paid (\$)

455.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	Telephone 310-414-8100
Name (Print/Type)	Soheil Shams		Date 06/22/2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Serial/Patent No: 10/609,137 Mailing Date: 6/22/2007  
Atty. Ref. No.: SSI001 Attorney: \_\_\_\_\_  
Title: APPARATUS, METHOD, AND COMPUTER PROGRAM PRODUCT FOR DETERMINING GENE FUNCTION AND FUNCTIONAL GROUPS USING ...  
Applicant: Soheil Shams  
The following, due 6/27/2007 in the U.S. Patent & Trademark Office, was received in the U.S. Patent & Trademark Office Mail Room on the date stamped hereon:

\_\_\_\_\_ Patent Application,

_____ including:	<input checked="" type="checkbox"/> Amendment/Response (Office Action Response/RCE)
_____ Pages of Specification, including:	<input checked="" type="checkbox"/> <input type="checkbox"/> Petition for Extension of Time ( <u>1</u> mths)
_____ Claims	_____ Amendment After Final Rejection
_____ Page Abstract	_____ Preliminary Amendment
_____ Formal/Informal Drawings _____ Sheet(s)	_____ Letter to Official Draftsperson
_____ Transmittal Letter	_____ Notice of Appeal
_____ Combined Declaration/Power of Attorney	_____ Appeal Brief
_____ Assignment with Form PTO 1619	_____ Issue Fee Transmittal
<input checked="" type="checkbox"/> <input type="checkbox"/> Fee Calculation Sheet (2 copies)	_____ Maintenance Fee Transmittal
_____ Priority Document(s)	_____ PCT Request Form
_____ IDS w/Form PTO 1449 w/	_____ PCT Demand Form
_____ references	_____ Check No. _____ for \$ _____
<input checked="" type="checkbox"/> CREDIT CARD PAYMENT FORM in the amount of \$ <u>455.00</u>	
<input checked="" type="checkbox"/> <input type="checkbox"/> CERTIFICATE OF MAILING/EXPRESS MAIL NO. _____	

Serial/Patent No: \_\_\_\_\_ Mailing Date: \_\_\_\_\_  
Atty. Ref. No.: \_\_\_\_\_ Attorney: \_\_\_\_\_  
Title: \_\_\_\_\_  
Applicant: \_\_\_\_\_  
The following, due \_\_\_\_\_ in the U.S. Patent & Trademark Office, was received in the U.S. Patent & Trademark Office Mail Room on the date stamped hereon:

\_\_\_\_\_ Patent Application,

_____ including:	_____ Amendment/Response
_____ Pages of Specification, including:	_____ Petition for Extension of Time (____ mths)
_____ Claims	_____ Amendment After Final Rejection
_____ - page Abstract	_____ Preliminary Amendment
_____ Formal/Informal Drawings _____ Sheet(s)	_____ Letter to Official Draftsperson
_____ Transmittal Letter	_____ Notice of Appeal
_____ Combined Declaration/Power of Attorney	_____ Appeal Brief
_____ Assignment with Form PTO 1619	_____ Issue Fee Transmittal
_____ Fee Calculation Sheet (2 copies)	_____ Maintenance Fee Transmittal
_____ Priority Document(s)	_____ PCT Request Form
_____ IDS w/Form PTO 1449 w/	_____ PCT Demand Form
_____ references	_____ Check No. _____ for \$ _____
_____ CREDIT CARD PAYMENT FORM in the amount of \$ _____	
_____ CERTIFICATE OF MAILING/EXPRESS MAIL NO. _____	